MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

05815

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Willards
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Willards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME ~~Stillborn~~ (no name) Adkins.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W	Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 7, 1940

8. AGE: Years | Months | Days | If less than one day: Stillborn — hrs. — min.

9. Birthplace Willards, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Archie William Adkins
13. Birthplace Willards, Md.

MOTHER
14. Maiden name Rona Wilkins
15. Birthplace Powellville, Md.

16. Informant Mrs. Archie Adkins
Address Willards, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May. 8, 1940 (month) (day) (year)
Cemetery or crematory Dennis' Cem.
Location Willards Md.

18. Funeral director Father Child (acting undertaker)
Address Archie W. Adkins Willards Md

19. May 8 1940 (Date rec'd by registrar) Lillian L. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 5:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn 19— , to — 19— ,
and that I last saw h— alive on — 19—

Immediate cause of death Intrauterine asphyxiation — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Frank Lee Md M. D. or other
Address Willards Md Date signed 5/7/40

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JUN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1102)

CERTIFICATE OF DEATH

05816

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Salisbury Peninsula Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke city Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward alonza Brittingham

3. (b) Social Security Number 216-05-0592 (Rose)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Bessie W. Brittingham

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 1880

8. AGE: Years	Months	Days	If less than one day
60	1	2	hrs. min.

9. Birthplace near Pocomoke, Somerset, md (Town, county, and state)

10. Usual occupation clerk in store

11. Industry or business

FATHER 12. Name Edward J. Brittingham

13. Birthplace md

MOTHER 14. Maiden name Leah Gibbons

15. Birthplace md

16. Informant Edmer Brittingham

Address Pocomoke city, md

17. Burial (Burial, cremation, or removal. Which?) Date thereof may 23, 1940 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Pocomoke city, Md

18. Funeral director Marguette H. Watson

Address Pocomoke city, md.

19. 5/21, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 6:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to May 21 1940, and that I last saw him alive on May 21 1940.

	DURATION
Immediate cause of death Emphysema	Indef
Due to	
Due to	
Other conditions Arteriosclerosis mellitus	Indef

(Include pregnancy within 3 months of death)

Major findings:

Of operations Emphysema

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide N.O. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Nock M. D. or other

Address Salisbury Date signed 5/21/1940

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05817

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Pittsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 82 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Pittsville Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Pittsville, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Annie Catherine Collins

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: J. H. Collins

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 23, 1857

8. AGE: Years: 82 Months: 6 Days: 23 If less than one day ____ hrs. ____ min.

9. Birthplace: Pittsville, Wicomico, Maryland.
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER
12. Name: William H. Parker
13. Birthplace: Pittsville, Maryland.

MOTHER
14. Maiden name: Laura Cathell
15. Birthplace: Pittsville, Maryland.

16. Informant: William E. Collins

Address: 111 Naylor St. Salisbury, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: May 19, 1940
(month) (day) (year)

Cemetery or crematory: Pittsville Cemetery

Location: Pittsville, Maryland.

18. Funeral director: The Hill and Johnson Co.

Address: Salisbury, Maryland.

19. May. 19, 1940 Lillian R. Davis Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16 1940, at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1940, to May 16 1940, and that I last saw her alive on May 16 1940.

Immediate cause of death: Tabular heart

Due to

Due to

Other conditions: Guppe

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION: 5 years; 2 mos ago

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Charles F. Brown M.D.
M. D. or other

Address: Salisbury Md Date signed 5/18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

05818

Reg. Dist. No. 333

Former residence Salisbury Md.

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Wicomico Co
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wright Home / Davis street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 63 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico Co
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Wright Home / Davis street
(If rural, give location) 312 E. Williams St.
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herman H. Collins

3. (b) Social Security Number None

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5th 1878

8. AGE: Years 62 | Months 11 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Salisbury Md. (Town, county, and state)

10. Usual occupation Retired R.R. Yard Clerk

11. Industry or business P.R.R. B&C & A Railroad

FATHER
12. Name William M. Collins
13. Birthplace Berlin Md.

MOTHER
14. Maiden name Jennie A. Bradem
15. Birthplace Berlin Md.

16. Informant Lee C. Collins
Address 105 N.J. Ave. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May (month) 15 (day) 1940 (year)
Cemetery or crematory Parsons Fam.
Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.

19. 5/15/ 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1940 (11 P.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 11 1940.
and that I last saw h[illegible] alive on May 11 1940.

Immediate cause of death	DURATION
Apoplexy.	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?

23. SIGNATURE D Allen Dueld M. D. or other
Address Mantuwiki Md Date signed 5-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

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JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05819

95-C

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Tyaskin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Isaac Cornish

(a) Residence: No. Tyaskin St., Ward. no social security no.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Cornish

6. DATE OF BIRTH (month, day, and year) april 5 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. General

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Labor

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md

FATHER

13. NAME Edward Cornish

14. BIRTHPLACE (city or town) (State or country) Princess Anne Md

MOTHER

15. MAIDEN NAME Sallie Waters

16. BIRTHPLACE (city or town) (State or country) Princess Anne Md

17. INFORMANT (Address) Viola Cornish Tyaskin, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place White Haven Md Date 5/15, 1940

19. UNDERTAKER (Address) Mrs. C. P. Messick & Sons Bivalve, Md

20. FILED 5/14/40, 19 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 13 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 3 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
sudden death.	
Not treated.	
Probably acute	
dilatation of Heart.	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) D. Allen Fields M. D.

(Address) Montauk, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

JUN 6 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

05820

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Davis St.

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Andrew J. Coulbourn

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1866

8. AGE: Years 73 | Months 8 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation

11. Industry or business Retired

FATHER
12. Name Daniel Coulbourn
13. Birthplace Md.

MOTHER
14. Maiden name Mahalia Coulbourn
15. Birthplace Md

16. Informant Charles W. Coulbourn

Address Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6, 1940 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md

18. Funeral director J. W. Burbage

Address Berlin Md.

19. 5/4, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1939, to May 4 1940, and that I last saw him alive on April 1 1940.

Immediate cause of death: chronic myocarditis — DURATION: about 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wimmer M. D. Salisbury M. D. or other

Address May 4, 40 Date signed

RECEIVED
JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05821

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (8)

County Wicomico — Registration Dist. No. 333

Village or City Salisbury, Md. No. [redacted] Dock St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Cropper If U. S. Veteran, specify WAR ____

(a) Residence: No. [redacted] Emily Land, Md., Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-28-1940

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Wingfield Cropper

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Mary Elizabeth Burton

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT ____
(Address)

18. BURIAL, CREMATION, OR REMOVAL U.S. Hospital
Place Salisbury, Md. Date 6/28/1940

19. UNDERTAKER (Acting) Supt. U.S. Hospital
(Address) Salisbury, Md.

20. FILED 6/28, 1940 Charlotte E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 28 (Day) 193 40 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h[redacted] alive on ____, 19____; death is said to have occurred on the date stated above, at 2:40 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Premature delivery (4 mo.)	

Other **Contributory Causes** of importance:

Name of operation None Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) [redacted] M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Radmaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05822

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: S. Division street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 404. Mitchell
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nick Cerniglia

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Santa Cerniglia

6(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept. - 1886

8. AGE: Years 53 | Months 8 | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Italy
(Town, county, and state)

10. Usual occupation Prop. Confectionary store

11. Industry or business

FATHER
12. Name Samuel Cerniglia
13. Birthplace Italy

MOTHER
14. Maiden name unknown
15. Birthplace Italy

16. Informant Sam. Cerniglia
Address Royal st. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3. 1940 (month) (day) (year)

Cemetery or crematory Wi. Co. Mem. Park.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md

19. 6/3, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1940 (330P) at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner 2 19 to 19 and that I last saw h alive on certificate 19

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis of coronary artery

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

DURATION: sudden death; 2 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. A. Radmaker M D Deputy Medical Examiner M. D. or other

Address Salisbury, Md Date signed 6/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05823

46-8

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury WITHIN CORPORATE LIMITS OF No. 900 Lake St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Henry Curtiss

(a) Residence: No. 900 Lake St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Curtiss

6. DATE OF BIRTH (month, day, and year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Janitor

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Hotel

10. Date deceased last worked et this occupation (month end year) 6/39

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Quantico (State or country) Md.

FATHER

13. NAME Henry Curtiss

14. BIRTHPLACE (city or town) Quantico (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ____ (State or country)

17. INFORMANT Leona Curtiss (Address) 900 Lake St., Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Quantico Date 5/12/40, 19

19. UNDERTAKER Mrs. C. Messick & Sons (Address) Nelson Md.

20. FILED 5/12, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 7 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1939, to May, 1940

I last saw him alive on May 1, 1940; death is said to have occurred on the date stated above, at 6:15 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma descending colon	Unknown

Other **Contributory Causes** of Importance:

Name of operation none Date of

What test confirmed diegnosis? Lab. + Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Curtiss, M.D.

(Address) Salisbury Md. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-C)

05824

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pen. General Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 1 week.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Newark. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Dennis

3. (b) Social Security Number

4. Sex: Female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: widow.

6 (b) Name of husband or wife Jesse Dennis.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1870.

8. AGE: Years 69 | Months 11 | Days 30 | If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Isaac Holland.
13. Birthplace Maryland

MOTHER
14. Maiden name unknown
15. Birthplace

16. Informant John Dennis.
Address Newark, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/ /40 (month) (day) (year)

Cemetery or crematory Cedar Chapel.

Location Newark, Md

18. Funeral director J. W. Burbage
Address Berlin Md.

19. 5/5 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 2 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1940, to May 4 1940, and that I last saw her alive on May 3 1940.

Immediate cause of death	DURATION
Cerebral degeneration	3 days
Due to Thrombosis of cerebral artery	3 days
Due to Arteriosclerosis	[illegible]
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. Radewacher M.D.
M. D. or other

Address Salisbury, Md Date signed 5-4-40

RECEIVED
JUN 6 1940
BUREAU V. S.

05825

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? P. G. Hospital

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: —

City or town: — Berlin
(If outside city or town limits, write RURAL and give nearest town)

Street No.: —
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Dead Born Dodson

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: W

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 31, 1940

8. AGE: Years: Stillborn | Months: | Days: — | If less than one day: hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: William F. Dodson
13. Birthplace: Md.

MOTHER
14. Maiden name: Pauline Hoffman
15. Birthplace: Md.

16. Informant: William F. Dodson
Address: Berlin Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 1, 1940
(month) (day) (year)

Cemetery or crematory: Emery Green

Location: Berlin

18. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 6/1, 1940 Harriet E. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/31 1940, at 2P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/31 1940, to 5/31 1940 and that I last saw her ~~alive~~ on 6/31 1940

Immediate cause of death: Still Born

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: —

Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: —

Injured at work?

23. SIGNATURE: R. M. Nash
M. D. or other

Address: Salisbury

Date signed: 5/31/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V S

05826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 hrs.
Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ✓ County ✓
City or town Salisbury ✓ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 104 Monticello Ave ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Infant son of Herbert and Helen Ferrand

3. (b) Social Security Number ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single ✓
6 (b) Name of husband or wife
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.): May 16, 1940
8. AGE: Years | Months | Days | If less than one day: 2 hrs. min.
9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state) ✓
10. Usual occupation ✓
11. Industry or business
FATHER
12. Name: Herbert Ferrand
13. Birthplace: Gardenville, New York
MOTHER
14. Maiden name: Helen Fulmer
15. Birthplace: Pittsburgh, Penna.
16. Informant: Herbert C. Ferrand
Address: 104 Monticello Ave, Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/19/40 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.
19. 5/19 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1940, at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death: Premature
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Cate of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Salisbury Md Date signed 5-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (161-C)

CERTIFICATE OF DEATH

05827

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 17 days

Stay in this community (yrs., or mos., or days): 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Rural Near Siloam Ward No. — (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Eden, Route No. 2 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Infant Baby Girl of Albert Fields

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): April 27, 1940

8. AGE: Years: — Months: — Days: 17 If less than one day: ____ hrs. ____ min.

9. Birthplace: Salisbury, Wicomico, Maryland (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Albert Fields

13. Birthplace: Near Siloam, Maryland

MOTHER

14. Maiden name: Marie Oriole White

15. Birthplace: Near Siloam, Maryland

18. Informant: Albert Fields

Address: Siloam, Md., Eden Route No. 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 15, 1940 (month) (day) (year)

Cemetery or crematory: M. E. Church Yard

Location: Siloam, Maryland

18. Funeral director: The Veit & Johnson Co.

Address: Salisbury, Maryland

19. 5/15 (Date rec'd by registrar) 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1940, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1940, to May 11 1940, and that I last saw h alive on May 11 1940.

	DURATION
Immediate cause of death: Icterus neonatorum	12 days
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: Virtues, M.D. (M. D. or other)

Address: Salisbury, Md. Date signed: 5/14/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

05828

Reg. Diat. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wor Comico

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Penn Funeral Hospital.

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Berlin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dead Born Franklin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	—

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 24, 1940

8. AGE:

Years	Months	Days	If less than one day
Stillborn	—	—	____ hrs. ____ min.

9. Birthplace: Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Edward Hearne

13. Birthplace: Ha,

MOTHER — 14. Maiden name: Virginia Franklin

15. Birthplace: Maryland.

16. Informant: Clarence Franklin.

Address: Berlin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 24, 1940 (month) (day) (year)

Cemetery or crematory: St. Pauls.

Location: Berlin, Md.

18. Funeral director: J. W. Burbage

Address: Berlin, Md.

19. 5/25, 1940 (Date rec'd by registrar) Harriet E. Johnson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-25- 1940, at 12:25 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Stillborn — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A. Wilkins, M.D.

M. D. or other

Address: Salisbury, Md. Date signed: 5-25-40

RECEIVED
JUN 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

05829

CERTIFICATE OF DEATH

Reg. Dist. No. 531

1. PLACE OF DEATH:

County Wicomico

City or town Quantico md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Wicomico

City or town Quantico md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. no
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no no

3. (a) FULL NAME Bridget E Gale

3. (b) Social Security Number no

4. Sex female

5. Color or race a a

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Frederick Gale

6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) about 1862

8. AGE: Years about 78 | Months — | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business no

FATHER
12. Name Daniel Ballard
13. Birthplace Quantico md

MOTHER
14. Maiden name Hittie Robinson
15. Birthplace Quantico md

16. Informant Mrs Jennie Gale
Address Quantico md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 5 13 1940
(month) (day) (year)

Cemetery or crematory Quantico

Location Quantico

18. Funeral director James F. Stewart
Address Salisbury Md

19. 5/13 1940 Mrs J M Wallace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-7 1940, to 5-11 1940, and that I last saw ~~her~~ alive on 5-7-40 19__

Immediate cause of death apoplexy

Due to Senil arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

yrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of Injury ___ Injured at work? ___

23. SIGNATURE S Allen Field
M. D. or other

Address Nanticoke Md Date signed 5-13-40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-a)

05830

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 Days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 210 Delaware Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Mary Griffin

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a-a	married

6 (b) Name of husband or wife: Lara Griffin

6(c) If alive, give age: about 47 years

7. Birth date of deceased (mo., day, yr.): about 1889

8. AGE: Years	Months	Days	If less than one day
about 59	—	—	____ hrs. ____ min.

9. Birthplace: Fruitland md
(Town, county, and state)

10. Usual occupation: Janitor

11. Industry or business: no

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Annie Griffin
15. Birthplace: Fruitland md

16. Informant: Mrs Maggie Griffin
Address: 210 Delaware Ave Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 16 1940 (month) (day) (year)

Cemetery or crematory: Hanston

Location: Salisbury Md

18. Funeral director: James T. Stewart

Address: Salisbury Md

19. 5/16, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1940, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 1940, to ____ 19____, and that I last saw h[illegible] alive on ____ 19____.

Immediate cause of death	DURATION
Perforated Ulcer	1wk
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Perforated Ulcer
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? No
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [illegible]
M. D. or other

Address: Salisbury Md Date signed:

RECEIVED
JUN 6 1940
BUREAU V. S.

05831

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. No. P. G. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Hanson If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. Berlin

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): May 4, 1940

7. AGE: Years Stillborn Months Days — If LESS then 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Salisbury Md

FATHER

13. NAME: Frank Hanson ~~Clarence Wilson~~

14. BIRTHPLACE (city or town) (State or country): Pocomoke City Md

MOTHER

15. MAIDEN NAME: Margaretta Beasley

16. BIRTHPLACE (city or town) (State or country): Heller Va

17. INFORMANT (Address): Mrs. Maude Cannon Georgetown, Del

18. BURIAL, CREMATION, OR REMOVAL Place: Pocomoke City Date: May 6, 1940

19. UNDERTAKER (Address): John A. Bradshaw Pocomoke City Md

20. FILED: 5/6, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Stillborn May (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1940, to May 4, 1940

I last saw h___ alive on Stillborn, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn cord was binding the abdomen and from appearance of cord & abdomen had existed for several days.

Other Contributory Causes of Importance:

Data of onset

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Hiram R. Mann M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUN 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorization to change father's name see birth cert. and letter filed under Mann in permanent file. 6/15/40.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

05832

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico Co.
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution P.S. Hoyt.
Stay in hospital or inst. (yrs., or mos., days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Md. County Wicomico Co.
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 311 E. Church
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Hart

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Baby.
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 11. 1940
8. AGE: Years | Months | Days | If less than one day: 17 min.
9. Birthplace: P.S. Hoyt. Salisbury Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Roy C. Hart
13. Birthplace: Blossom Va.
MOTHER 14. Maiden name: Ella J. Todd.
15. Birthplace: Salisbury Md.
16. Informant: Roy C. Hart
Address: 311 E. Church st. Salisbury Md
17. Burial (Burial, cremation, or removal? Which?) Date thereof May 11-40 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md
18. Signature of undertaker: Walter R. Holloway & Son
Address: Salisbury Md.
19. 5-11-1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11. 1940 at 6a. P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h__ alive on ____ 19__
Immediate cause of death: Pneumonia
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A. W. Kitts M.D. M. D. or other
Address Salisbury, Md. Date signed 5-11-40

RECEIVED
JUN 6 1940
BUREAU V. S.

Dr. Wanner

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

05833

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cor. S. Blvd. & Salisbury Blvd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Cor. S. Blvd. & Salisbury Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lavenia P. Hastings

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Job. W. Hastings
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): June 10, 1859

8. AGE: Years: 80 Months: 11 Days: 17 If less than one day: hrs. min.

9. Birthplace: Woodland Del. Sussex Co. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: at Home

FATHER
12. Name: Elijah Massey
13. Birthplace: Sussex Co. Delaware

MOTHER
14. Maiden name: Lula (unknown)
15. Birthplace: Sussex Co. Delaware

16. Informant: Mrs. Rella Crouch
Address: 218 E. Vine St. Salisbury Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: May 29 1940 (month) (day) (year)
Cemetery or crematory: Hastings Cem.
Location: Hastings St. Salisbury Md

18. Funeral director: Hollowa & Co. Walter R. Holloway
Address: Salisbury Md.

19. 5-12-9 (Date rec'd by registrar) 1940 Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27th 1940 (at 1:40 P M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1939 19 , to May 27 1940 and that I last saw her alive on May 1 1940

Immediate cause of death: Uremia Myocarditis — DURATION: 2 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. R. Wanner M.D. M. D. or other
Address: May 28 Salisbury Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

CERTIFICATE OF DEATH

05834

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury P.G. Hospital

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days) 8 dys

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION) No

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William E. Holland.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E. Holland

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 24 — 1866

8. AGE: Years	Months	Days	If less than one day
74	0	9	hrs. min.

9. Birthplace Princess Anne Somerset Md

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name George J. T. Holland

13. Birthplace Maryland

MOTHER 14. Maiden name Mary E. Hall

15. Birthplace Maryland

16. Informant Mr. George M. Holland

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6/40 (month) (day) (year)

Cemetery or crematory Pates Memorial Cemetery

Location Snow Hill Md

18. Funeral director Hearne & Downing

Address Snow Hill Md

19. 5-4-1940 (Date rec'd by registrar) Harry E. Johnson Registrar

Sold

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3d 1940, at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1940, to May 3d 1940, and that I last saw h— alive on May 3d 1940.

Immediate cause of death	DURATION
Intestinal Obstruction	2 days
Due to Carcinoma of Rectum	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Rectum

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. T. Fisher M.D.

M. D. or other

Address Salisbury Md Date signed 5/3/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

CERTIFICATE OF DEATH

05835

Reg. Dist. No. 330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Madela Springs Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Madela Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Horsey

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	married

6 (b) Name of husband or wife: Addie Horsey

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): April 15 1879

8. AGE: Years: 61 Months: — Days: 19 If less than one day: ____ hrs. ____ min.

9. Birthplace: Madela Springs Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm Laborer

FATHER
12. Name: Abraham Horsey
13. Birthplace: Madela Md.

MOTHER
14. Maiden name: Mary Jones
15. Birthplace: Madela Md.

16. Informant: Addie Horsey
Address: Madela Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/9/40 (month) (day) (year)

Cemetery or crematory: Madela Cem.

Location: Madela Md.

18. Funeral director: Mrs C S Pennick & Sons

Address: Delmar Md.

19. 5/8/40 19 (Date rec'd by registrar) W A Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5, 1940, at 10:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5, 1940, to May 5, 1940, and that I last saw h[im] alive on April 28, 1940.

Immediate cause of death	DURATION
Acute nephritis	3 wks
Due to	
Due to	
Other conditions: arteriosclerotic Heart Disease	1 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lawrence Mangano M. D.
M. D. or other

Address: Vienna, Md. Date signed 5/7/40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-d)

05836

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 777 Newton St.
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 37 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 777 Newton St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Margaret Purnell Johnson

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Feb. 4, 1867
8. AGE: Years 73 | Months 3 | Days 10 | If less than one day ____ hrs. ____ min.
9. Birthplace Wicomico Co., Md. (Town, county, and state)
10. Usual occupation None
11. Industry or business ✓
FATHER 12. Name Purnell Johnson
13. Birthplace Wicomico Co., Md.
MOTHER 14. Maiden name Sarah C. Humphreys
15. Birthplace Wicomico Co., Md.
16. Informant Mrs. C. J. Pusey,
Address Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/16/40 (month) (day) (year)
Cemetery or crematory Parsons
Location Salisbury, Md.
18. Funeral director Re Hill & Johnson Co.,
Address Salisbury, Md.
19. 5/16 (Date rec'd by registrar) 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 12:30 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 1939, to May 14 1940, and that I last saw her alive on May 13 1940.

	DURATION
Immediate cause of death: Valvular Heart Disease	unknown
Due to	
Due to	
Other conditions: Arteria-Sclerosis	unknown

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lucien P. Brown M. D. or other
Address Salisbury Md Date signed 5/16/40

RECEIVED
JUN 6 1940
BUREAU V. S.

05837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Market St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oliver A. Johnson

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence B. Johnson

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1860

8. AGE:

Years	Months	Days	If less than one day
79	7	14	hrs. min.

9. Birthplace Marion Sta. Somerser Co., Md.
(Town, county, and state)

10. Usual occupation Lumberman

11. Industry or business

FATHER
12. Name Charles H. Johnson
13. Birthplace Somerset Co., Md.

MOTHER
14. Maiden name Amelia Coulbourn
15. Birthplace Marion, Somerset Co., Md.

16. Informant Mrs. O. A. Johnson
Address Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5- 3- 40 (month) (day) (year)

Cemetery or crematory Bethany Methodist Cemetery

Location Pocomoke City, Md.

18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.

19. 5/1, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~April~~ May 1st 1940, at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23 1940, to May 1st 1940, and that I last saw him alive on 5/1 1940.

Immediate cause of death Intestinal Obstruction — DURATION 2 days

Due to Ventral Hernia — Some months

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Loop of intestine adherent and obstructed

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. T. Fischer, M.D.
M. D. or other

Address Salisbury, Md. Date signed 5/2/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

05838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution P.G. Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Nine st.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Jones

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Baby

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6-1940

8. AGE: Years | Months | Days | If less than one day 7 hrs. 40 min.

9. Birthplace P.G. Hospital Salisbury Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Kelton L. Jones

13. Birthplace Salisbury Md

MOTHER

14. Maiden name Catherine Walston

15. Birthplace Rosebel N.C.

16. Informant Kelton L. Jones

Address Nine st. Salisbury Md

17. Burial Date thereof May 7-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parsons Cem

Location Salisbury Md

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 5/7 1940 Harriet E. Johnson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7. 1940 19 (6 a.m.) at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/6 1940 to 5/7 1940, and that I last saw him alive on 5/6 1940.

Immediate cause of death Premature Delivery — DURATION 5 mos.

Due to unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. T. Fisher M.D.

M. D. or other

Address Salisbury, Md Date signed 5/7, '40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-C)

CERTIFICATE OF DEATH

05839

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Powellville (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Powellville Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Powellville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Antha Anna Kelley

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: William Kelley
6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): July 16, 1890

8. AGE: Years: 49 Months: 9 Days: 26. If less than one day: hrs. min.

9. Birthplace: Powellville
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housework.

FATHER
12. Name: John Henry Parker
13. Birthplace: Pittsville

MOTHER
14. Maiden name: Lucy Adkins
15. Birthplace: Powellville

16. Informant: Mr. William Kelley.
Address: Pittsville, Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14 1940 (month) (day) (year)
Cemetery or crematory: Old St Johns Cemetery
Location: Near Powellville, Md.

18. Funeral director: M. Pasha Watson
Address: Selbyville, Del

19. May 13 1940 (Date recd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940, to date of death, and that I last saw her alive on May 11 1940.

Immediate cause of death: Adeno-carcinoma of uterus — DURATION: 1 year

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frank K. Lewis M.d.
M. D. or other
Address: Willards Md Date signed 5-13-40

RECEIVED
JUN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-d)

05840

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:
County Wicomico
City or town Sharptown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida M. Kennerly

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Isaac F. Kennerly
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28 - 1863

8. AGE:

Years	Months	Days	If less than one day
76	11	26	hrs. min.

9. Birthplace Arkansas
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John Elliott
13. Birthplace Arkansas

MOTHER
14. Maiden name unknown
15. Birthplace

16. Informant Mira E. Trimble
Address Hebron

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May 26 1940
(month) (day) (year)
Cemetery or crematory Branch Hill
Location

18. Funeral director Graveyard Bros
Address Sharptown

19. May 24 1940
(Date rec'd by registrar)
Mary R. Banks
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 23 1940, and that I last saw her alive on May 23 1940.

	DURATION
Immediate cause of death Chronic Valvular Disease	
Due to Arteriosclerosis.	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlman M. D. or other
Address Sharptown Md Date signed May 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73rd)

05841

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days): 7 days
Stay in this community (yrs., or mos., or days): 79 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 700½ Maryland Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: J. Ritchie Laws

3. (b) Social Security Number: ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower
B (b) Name of husband or wife: Cora V. Laws
6(c) If alive, give age: ✓ years
7. Birth date of deceased (mo., day, yr.): Sept. 27, 1860.
8. AGE: Years: 79 Months: 7 Days: 8 If less than one day: ____ hrs. ____ min.
9. Birthplace: Barge, Wicomico, Md. (Town, county, and state)
10. Usual occupation: City Treasurer
11. Industry or business: City of Salisbury
FATHER 12. Name: James Laws
13. Birthplace: Wicomico Co. Md.
MOTHER 14. Maiden name: Sallie M. Parks
15. Birthplace: Wicomico Co. Md
16. Informant: C. Edgar Laws,
Address: 700½ Maryland Ave, Salisbury
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/7/40 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.
19. 5/7 (Date rec'd by registrar) 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5, 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-12-1940, to 5-5-1940, and that I last saw him alive on 5-5-1940.

	DURATION
Immediate cause of death: Acute cardiac failure	
Due to: Chronic myocarditis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Philip A. Insley M.D.
M. D. or other
Address: Salisbury, Md. Date signed: 5-7-40

VS A15 (T)

RECEIVED
JUN 6 1940
BUREAU V. S.

05842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: John B. Parsons Home
Stay in hospital or inst. (yrs., or mos., or days) 11 years
Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County ~~Wicomico~~ Somerset
City or town ~~Salisbury~~ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. John B. Parsons Home
(If rural give LOCATION) Marion Station
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Naomi Malone

3. (b) Social Security Number ✓

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Samuel Malone
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Nov. 20, 1860
8. AGE: Years 79 Months 4 Days 28 If less than one day ___ hrs. ___ min.
9. Birthplace Somerset Co., Md. (Town, county, and state)
10. Usual occupation ✓
11. Industry or business ✓
FATHER 12. Name Edward J. Adams
13. Birthplace Somerset Co., Md.
MOTHER 14. Maiden name Emily Powell
15. Birthplace Somerset Co., Md.
16. Informant Sup't John B. Parsons Home
Address Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/20/40 (month) (day) (year)
Cemetery or crematory Baptist
Location Rehoboth, Md.
18. Funeral director The Hill & Johnson Co.
Address Salisbury, Md.
19. 5/20, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1940, at 9 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/11 1940, to 5/18 1940, and that I last saw her alive on 5/17 1940.

Immediate cause of death	DURATION
myocarditis	several yrs.
Due to Senility	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. T. Fisher M.D. (M. D. or other)
Address Salisbury, Md. Date signed 5/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05843

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico Co
City or town: Salisbury
(If outside city or town limits write RURAL NEAR and give town)
Street address (hospital, or institution): P.B. Hoyt.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Del. County: Sussex
City or town: Seaford Ward No.
(If outside city or town limits write RURAL NEAR and give town)
Street No.: High
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Baby Monaco

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Baby
B (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 4 - 1940
8. AGE: Years: Stillborn | Months | Days | If less than one day: hrs. min.
9. Birthplace: P.B. Hoyt. Salisbury Md (Town, county, and state)
10. Usual occupation:
11. Industry or business
FATHER 12. Name: James Monaco
13. Birthplace: Long Island, N.Y.
MOTHER 14. Maiden name: Margaret Gatman
15. Birthplace: Frostburg Md.
16. Informant: James Monaco
Address: High St. Seaford Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 5-1940 (month) (day) (year)
Cemetery or crematory: Fruitland Cem.
Location: Fruitland Md
18. Funeral director: Holloway & G. Walter R. Holloway
Address: Salisbury Md.
19. 5-5-1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1940, to May 4 1940 and that I last saw ~~him~~ alive on May 4 1940

	DURATION
Immediate cause of death: Stillborn	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Operations:
Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John W. Lynch, M.D.
M. D. or other
Address: Seaford, Del. Date signed: May 5, 1940

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

05844

Reg. Dist. No. 11336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R 7 D 3

Stay in hospital or Insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Delmar, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R 7 D 3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth ann Nichols

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 1937

8. AGE: Years 2 | Months 11 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace Delmar, Md. (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Earl Nichols

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Lillian Parker

MOTHER 15. Birthplace Maryland

16. Informant Earl Nichols

Address Delmar, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/10/40 (month) (day) (year)

Cemetery or ~~crematory~~ Nichols

Location Delmar, Md R 7 D

18. Funeral director Hall S. Mard

Address Delmar, Del

May 10, 1940 (Date rec'd by registrar) Harry L. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8/1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1940, to May 8 1940, and that I last saw h alive on 19

Immediate cause of death Bronchial Pneumonia — DURATION 6 days

Due to Acute Bronchitis — 2 wks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Bond M. D. or other

Address Delmar Del Date signed May 9/40

RECEIVED
JUN 5 1919
BUREAU V. S.

05845

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital Salisbury Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Onley, Baby If U. S. Veteran, specify WAR

(a) Residence: No. ..... St., ... Ward. Worcester Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX unknown

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-16-40

7. AGE Years Stillborn Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wicomico Co. (State or country)

FATHER

13. NAME Walter T. Onley

14. BIRTHPLACE (city or town) Worcester Co. (State or country)

MOTHER

15. MAIDEN NAME Mildred Hayman

16. BIRTHPLACE (city or town) Worcester Co. (State or country)

17. INFORMANT (Address)

18. BURIAL (CREMATION) OR REMOVAL Place P.G. Hospital Salisbury, Md Date 5/16, 1940

19. UNDERTAKER (acting) Supt. P. G. Hospital (Address) Salisbury, Md

20. FILED 5/16, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5 (Month) — 16 (Day) — 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Stillborn Date of onset

Premature (about 3-3½ months ~~gestation~~ foetus)

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. W. Kitts M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Mann.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

05846

CERTIFICATE OF DEATH

Reg. Dist. No. 333

(M) WITHIN [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(T)

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 603 S. Division

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 603 S. Division

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Owens

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Oliver T. Owens

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 7-1886

8. AGE: Years 53 Months 11 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Damer Quarter Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business at Home

FATHER 12. Name Samuel T. Gladden

13. Birthplace Chance Md.

MOTHER 14. Maiden name Mary E. Shreeves

15. Birthplace Damer Quarter Md.

16. Informant Mr. Oliver T. Owens

Address 603 S. Division St. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 2-1940 (month) (day) (year)

Cemetery or crematory Wi Co. Memo Park

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 6/2/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30. 1940 (9.15 P.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1940, to May 30 1940, and that I last saw her alive on May 30 1940.

Immediate cause of death Diabetes Mellitus — DURATION when

Due to

Due to

Other conditions Hypertension — when

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hunter R Mann M. D. or other

Address Salisbury Md Date signed 5/31/40

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BUREAU OF S.

05847

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (176)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 28-11-3 da.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 101. Cherry (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Carroll Pollitt

3. (b) Social Security Number 220-10-9567

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Estelle A Pollitt

6(c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) May 29 - 1911

8. AGE: Years 28 Months 11 Days 3 If less than one day hrs. min.

9. Birthplace Salisbury Md. (Town, county, and state)

10. Usual occupation Labour

11. Industry or business Geo. A Bounds & Co. Lumber Mill

FATHER 12. Name William F. Pollitt.

13. Birthplace Salisbury Md.

MOTHER 14. Maiden name Fannie E. Lecates

15. Birthplace Sussex Co. Delaware

16. Informant Mrs. Estelle A. Pollitt.

Address 101. Cherry st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 5 1940 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury Maryland

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Maryland.

19. 5/5 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1940 at 5.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 and that I last saw him alive on 19

Medical Examiner Certificate

Immediate cause of death General Peritonitis

Due to Ruptured ileum

Due to Perforating wound of Right hip

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Board had perforated thru ileum & torn ileum across in two places

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

*22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of

Where did injury occur? Hebron (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Sawmill

Means of injury Penetrating wound of Right hip. Injured at work? Yes

23. SIGNATURE J. A. Radenhaus M.D. Deputy Medical Examiner M. D. or other

Address Salisbury, Md Date signed May 3, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

(Dr Wanner)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

05848

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING (I)

VS A15 (T)

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 114. Elizabeth.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 Month.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 114. Elizabeth
(Or rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jennie Rankin

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Hugh Rankin.
6 (c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): April 28. 1859
8. AGE: Years: 81 Months: 0 Days: 23 If less than one day: hrs. min.
9. Birthplace: Scotland (Town, county, and state)
10. Usual occupation: Home wife at Home
11. Industry or business:
FATHER 12. Name: John Ferguson
13. Birthplace: Scotland
MOTHER 14. Maiden name: Agnes McGowan
15. Birthplace: Scotland
16. Informant: Mrs. Samuel F. Rankin
Address: 114. Elizabeth st. Salisbury Md.
17. Burial (Burial, cremation, or removal? which?) Date thereof May 24-40 (month) (day) (year)
Cemetery or crematory: Elm Lawn Mem.
Location: Mem. Buffalo N.Y.
18. Funeral Director: Hellen H. C. Walter R. Holloway
Address: Salisbury Md.
19. 5/22/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 21st 1940 (7.15 a.m.) at
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to May 21 1940, and that I last saw h alive on May 20 1940.

	DURATION
Immediate cause of death: Adenocarcinoma	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?

23. SIGNATURE J. Wanner M.D., M. D. or other
Address Salisbury Md. Date signed May 21-40

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~~Dr. Hall~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05849

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

(M)

1. PLACE OF DEATH

County Wicomico

City or town Salisbury Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: East Nine st. Ext

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 79 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. East Nine st. Ext

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert E. Ryall

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Isabella Ryall

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) May 11. 1861

8. AGE: Years 79 Months 2 Days 5 If less than one day hrs. min.

9. Birthplace near Salisbury Md (Town, county, and state)

10. Usual occupation retired Carpenter

11. Industry or business

FATHER 12. Name John Ryall

13. Birthplace Somerset Co. Md

MOTHER 14. Maiden name unknown

15. Birthplace unknown

16. Informant Robert E. Ryall

Address 207. Fitzwater st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 19-40 (month) (day) (year)

Cemetery or crematory Shad Point Cem.

Location Shad Point Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 5/19/1940 Harriet E. Johnson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1940 (945 p.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner 19 to 19

and that I last saw h alive on 19

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION: sudden death; unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. Radenaker M.D. Deputy Med Examiner M. D. or other

Address Salisbury, Md Date signed 5/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

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JUN 6 1940
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STATE OF MARYLAND—CERTIFICATE OF DEATH

05850

1. PLACE OF DEATH (8)

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md. No. Pay Gail Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby - Shores. If U. S. Veteran, specify WAR ____

(a) Residence: No. Deals Island St., Md. Ward. Somerset

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-14-1940

7. AGE Years Stillborn Months Days If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury, Md (State or country)

FATHER

13. NAME Mr Robert Lee Shores

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Lottie Frances Webster

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Robert Lee Shores, Jr. (Address) Deals Island, Md.

18. (BURIAL) CREMATION, OR REMOVAL Place Deals Island, Md. Date 5/15, 1940

19. UNDERTAKER L. G. Webster (Address) Deals Island, Md.

20. FILED 5/16, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Still born (Month) May (Day) 14, 1940 (Year) 9:30 PM.

22. I HEREBY CERTIFY, That I attended deceased from Still born, 19__, to 5/14, 1940

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

4 mos. pregnancy interrupted on account of Pyelitis of Pregnancy

Date of onset

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Hiram R. Mann M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

05851

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico

City or town Pittsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. F. D.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico.

City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Elizabeth Smith.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1880

8. AGE: Years 59 | Months 7 | Days 24 | If less than one day hrs. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John Smith.

13. Birthplace Md.

MOTHER 14. Maiden name Sally Carey

15. Birthplace Md.

16. Informant Mrs. Everett Hall.

Address Pittsville, Md.

17. Burial. Date thereof May 29 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls

Location Berlin, Md.

18. Funeral director J. W. Burbage

Address Berlin, Md.

19. May 29 1940 Lillian R. Davis
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1940, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/29 1940, to 5/27 1940 and that I last saw h- alive on 5/27/40 19

Immediate cause of death	DURATION
Cardiac Decompensation	1 yr
Renal Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. V. Wood
M. D. or other

Address Millsboro Del Date signed

RECEIVED
JUN 8 1940
BUREAU V. S.

Dr. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

05852

Reg. Dist. No. 322

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico

County

City or town Pittsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 73 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico Co

City or town Pittsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Willard Smith

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Effie P. Smith

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 23 - 1867

8. AGE: Years 73 | Months 2 | Days 28 | If less than one day: hrs. min.

9. Birthplace R.D. Pittsville Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER

12. Name John W. Smith

13. Birthplace R.D. Pittsville Md.

MOTHER

14. Maiden name Annie West

15. Birthplace R.D. Pittsville Md

16. Informant William A. Smith

Address Pinehurst Ave. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23/1940 (month) (day) (year)

Cemetery or crematory Pittsville Cem.

Location Pittsville Md

16. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. May. 23 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1940 (6:15 P.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 1940 to May 21 1940 and that I last saw h[illegible] alive on May 21 1940

Immediate cause of death Cerebral Hemmhage — DURATION 10 days

Due to Hypertension — 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles N. Brown M.D. M. D. or other

Address Salisbury Md. Date signed 5/22/40

RECEIVED
JUN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

05853

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution 11 Wood

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 11 Wood

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Staton

3. (b) Social Security Number

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Baby.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1. 1940

8. AGE: Years Stillborn | Months | Days | If less than one day hrs. min.

9. Birthplace 11 wood st. Salisbury md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Lloyd Staton

13. Birthplace Salisbury md

MOTHER 14. Maiden name Anna Harrison

15. Birthplace Delmar Md.

16. Informant Lloyd Staton

Address 11 Wood st. Salisbury Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof May 2-1940 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co Walter R. Holloway

Address Salisbury Maryland

19. 5/2, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1. 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 1, 1940, and that I last saw ~~him~~ alive on 1940

Immediate cause of death	DURATION
Due to Stillborn	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Yeaman M.D. M. D. or other

Address 211½ Camden Ave Date signed 5/2/40

RECEIVED
JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05854

1. PLACE OF DEATH (94a)

County Wicomico Registration Dist. No. 14336

Village or City Delmar No. R.D. #1. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fredrick Strasser If U. S. Veteran, specify WAR

(a) Residence: No. R.D. #1. Delmar Md. St., Ward Social Security No. 181-16-2246 (Poss.)

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie unknown

6. DATE OF BIRTH (month, day, and year): Aug 9, 1873

7. AGE: Years 67 | Months 8 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Wood Carver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: R.R. Weaver Funeral shop

10. Date deceased last worked at this occupation (month and year): 3599

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): R. R. Weaver Delmar Del

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington Camden N.J. Date: May 9, 1940

19. UNDERTAKER (Address): Holloway & Co. Walter R. Holloway Salisbury Md.

20. FILED: May 6, 1940 Harry E. Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1940, to May 6, 1940

I last saw him alive on May 4, 1940; death is said to have occurred on the date stated above, at 1:28 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Apr. 15

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature] M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(486)

05855

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH:

County Wicomico

City or town Rural near Quantico
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 57 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Rural near Quantico Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Annie B. Taylor

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

B (b) Name of husband or wife Orlando W. Taylor

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1853.

8. AGE: Years 86 | Months 5 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Rocka-walkin, Wicomico, Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Thomas Patrick
13. Birthplace Worcester Co., Md.

MOTHER
14. Maiden name Emmaline Hearn
15. Birthplace Wicomico Co., Md.

16. Informant Mrs. W. R. Conway,
Address Quantico, Md.

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof 6/1/40 (month) (day) (year)

Cemetery or crematory Episcopal

Location Quantico, Md.

18. Funeral director The Hill & Johnson Co.
Address Salisbury, Md.

19. 5/30 1940 Mrs J M Wallace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1938, to May 29 1940, and that I last saw her alive on May 29 1940.

Immediate cause of death Carcinoma of ~~[illegible]~~ uteri. Corpus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

DURATION
over 2 years

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE A W Kiss, M.D.
M. D. or other

Address Salisbury, Md. Date signed 5/30/40

RECEIVED
JUN 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

05856

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico Co
City or town: Fruitland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Fruitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Main street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alice E. Townsend

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Harvey W. Townsend
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): April 7 - 1872
8. AGE: Years: 68 Months: 1 Days: 0 If less than one day: hrs. min.
9. Birthplace: Somerset Co. Md. (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: at Home

FATHER
12. Name: Edward Dennis
13. Birthplace: Somerset Co. Md.

MOTHER
14. Maiden name: Mary Richardson
15. Birthplace: Worcester Co. Md.

16. Informant: Mrs Elwood M. Pusey
Address: Main st. Fruitland Md.

17. (Burial, cremation, or removal (which?)) Burial Date thereof: May 9-1940 (month) (day) (year)
Cemetery or crematory: Hall Cem.
Location: Worcester Co. near Snow Hill Md.

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland.

19. 5/9/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7th 1940 (7:45a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 39 to May 7 1940, and that I last saw h alive on 19

Immediate cause of death: Sclerotic Heart — DURATION: 14 days
Due to: Chr. Int. Nephritis — 8 mos
Due to: Auto Poisoning — 11 mos
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. D. Daisy M.D.
Address: Salisbury. M. D. or other
Date signed: 5/9/40

RECEIVED
JUN 6 1940
BUREAU V. S.

05857

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 306 E. Vine

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State California County

City or town Long Beach Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Life Guard station

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herman Edward Ward

3. (b) Social Security Number 557-05-1413

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22-1903

8. AGE: Years 37 Months 3 Days 16 If less than one day hrs. min.

9. Birthplace Salisbury Md. (Town, county, and state)

10. Usual occupation Life Guard

11. Industry or business Long Beach California

FATHER

12. Name Selby W. Ward

13. Birthplace Near Snow Hill Md.

MOTHER

14. Maiden name Lula G. Pruitt

15. Birthplace Near Snow Hill Md.

16. Informant Mrs Lula Ward Booth

Address 306 E. Vine St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10-1940 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 5/10, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8-1940 (12.45 a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1940, to May 8, 1940, and that I last saw him alive on May 8, 1940.

Immediate cause of death: Intestinal hemorrhage

Due to: Carcinoma of Colon.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr John H. Yeaman M. D. or other

Address 221 1/2 Camden Ave. Salisbury Date signed 5/11/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. D.

Dr. Mann.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05858

CERTIFICATE OF DEATH

(92-d)

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

(M)

(I)

(T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hoyt.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: E. Vine st. Ext

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Louise Washburn

3. (b) Social Security Number:

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widow

B (b) Name of husband or wife: George Washburn

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Aug. 4 - 1875

8. AGE: Years: 64 Months: 9 Days: 26 If less than one day: hrs. min.

9. Birthplace: Monie Md. Somerset Co. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: at Home

FATHER

12. Name: George Jones

13. Birthplace: Monie Md.

MOTHER

14. Maiden name: Matilda Windsor

15. Birthplace: Monie Md.

16. Informant: Mrs. L. H. Washburn

Address: East Vine st. Ext. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 2 - 1940 (month) (day) (year)

Cemetery or crematory: Zion Cemetery

Location: Near Fruitland Md

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Maryland

19. 6/2, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30 - 1940 (5:20 a.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to May 30 1940, and that I last saw her alive on May 30 1940.

Immediate cause of death: Valvular Heart Disease — DURATION: when

Due to:

Due to:

Other conditions: Influenza Jan 1940 — 2 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Hiram R. Mann M. D. or other

Address: Salisbury Md Date signed: 5/31/40

RECEIVED
JUN 6 1940
BUREAU V. S.

05859

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (3)

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. Pen. Gen. Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wessells, Baby If U. S. Veteran, specify WAR

(a) Residence: No. ..... St. ..... Ward. Allen

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 6, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salisbury (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME Mary Wessells

16. BIRTHPLACE (city or town) Allen, Md. (State or country)

17. INFORMANT Mary Wessells (Address) Allen, Md.

18. (BURIAL) CREMATION, OR REMOVAL Place Allen Cem. Date 5/6, 1940

19. UNDERTAKER Andrew Wessells (Address) (Acting) Per Harriet E. Johnson Allen, Md.

20. FILED 5/6, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5/6/40 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19 to ....., 19

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	

Other Contributory Causes of importance:

Toxemia of pregnancy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hiree R Mann M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitiol nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 6 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05860

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH. 115-E

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. P. G. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Martin White If U. S. Veteran, specify WAR .....

(a) Residence: No. Salisbury Md R.F.D St., Ward .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	W	

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12			

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. .....

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (yaars) spent in this occupation .....

12. BIRTHPLACE (city or town) Dames Quarter Md (State or country)

FATHER

13. NAME Edward White

14. BIRTHPLACE (city or town) Unknowon (State or country)

MOTHER

15. MAIDEN NAME Blanche

16. BIRTHPLACE (city or town) Unknowon (State or country)

17. INFORMANT Gordy Jones (Address) Salisbury Md R.F.D

18. BURIAL, CREMATION, OR REMOVAL Place Dames Quarter Date 5-5, 1940

19. UNDERTAKER Fred T. Webster (Address) Deals Island

20. FILED 5/13, 1940 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5 (Month) – 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended daceasad from 4-29-, 1940, to 5-3-, 1940

I last saw h..... alive on 5-3, 1940; death is said to have occurred on the date statad above, at 5:05 A m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:

	Date of onset
Septicaemia	1 week
Other Contributory Causes of importance: Staphylococci infection of throat	1 week

Name of operation none Date of .....

What test confirmed diagnosis? Examination Was there an au'opsy? no

23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county and State)

Spacify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of dacaasad? no

If so, specify .....

(Signed) Elmer G. Fisher M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 6 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

05861

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico.
City or town Pittsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Ellen White.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed.

6 (b) Name of husband or wife Matt White
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31 1875

8. AGE:

Years	Months	Days	If less than one day
64	7	28	hrs. min.

9. Birthplace Near Whitesville, Md.
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business None.
FATHER 12. Name Edward Haddock
13. Birthplace Unknown.
MOTHER 14. Maiden name Mary Hall.
15. Birthplace Unknown.
16. Informant Mrs. Elsie Carter.
Address Pittsville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 30-1940 (month) (day) (year)
Cemetery or crematory Line M. E. Cemetery.
Location near Whitesville Delaware.
18. Funeral director Wm. Howard Wells.
Address Pittsville, Md.
19 May. 28 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1940, at 11:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 5-28 1940.

Immediate cause of death Chr. Nephritis — DURATION

Due to

Due to

Other conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. R. Law M. D. or other
Address Berlin Md. Date signed 5-28-40

RECEIVED
JUN 8 1940
BUREAU V. S.

05862

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 2 mo 15 days

Stay in this community (yrs., or mos., or days) 2 mo 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Hebron Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route #1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Smith E. Whittington
Smith E. Whittington

3. (b) Social Security Number none

4. Sex mal

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Myrtle Whittington

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb 4, 1874

8. AGE: Years 66 Months 3 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace Reds River North Carolina
(Town, county, and state)

10. Usual occupation Farm laborer

11. Industry or business

FATHER
12. Name Ambrose Whittington
13. Birthplace North Carolina

MOTHER
14. Maiden name Kathleen Snyder
15. Birthplace Tennessee

16. Informant deceased on admission

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3, 1940 (month) (day) (year)

Cemetery or crematory Reddies River Cem

Location Near North Wilkesboro N.C.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 6/1, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 2.00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/16/40 19__, to 5/31/40 19__, and that I last saw him alive on 5/31/40 19__.

Immediate cause of death Pulmonary Tuberculosis — DURATION 7 mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Chen M.D.
M. D. or other

Address Salisbury Md Date signed 5/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

05863

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Ventzen Hosp
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Ocean City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John J. Workman

3. (b) Social Security Number

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1890

8. AGE: Years 49 | Months 8 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace md (Town, county, and state)

10. Usual occupation Fisherman

11. Industry or business —

FATHER
12. Name John J. Workman
13. Birthplace md

MOTHER
14. Maiden name Sallie Morris
15. Birthplace md.

16. Informant Jones B. Workman
Address Berlin md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 5, 1940 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin md.

18. Funeral director J. W. Burbage
Address Berlin md.

19. 5/3, 1940 (Date rec'd by registrar) Harriet E. Johnson Socal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1940, at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to May 2 1940, and that I last saw him alive on May 2 1940.

Immediate cause of death Carbuncle of Back

DURATION Mon

Due to —

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Incision & drainage of Carbuncle
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Salisbury Date signed 5/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1940
BUREAU V.S.